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David Casper, O.D., 11/17/17

IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CEDRIC LYN JOHNSON (B18840),)
)
 Plaintiff,)
)
 -vs-) No. 15 CV 885
)
 EVARISTO AGUINALDO,)
)
 Defendant.)

DEPOSITION OF:

DR. DAVID J. CASPER, O.D.

TAKEN ON: November 17, 2017

Deposition of DR. DAVID J. CASPER, O.D., taken
before RUTH E. SHERWOOD, CSR, RPR, and Notary Public,
pursuant to the Federal Rules of Civil Procedure for the
United States District Courts pertaining to the taking
of depositions, at 15 West Jefferson Street, in the City
of Joliet, Will County, Illinois, at 11:12 o'clock a.m.
on the 17th day of November, A.D., 2017.

There were present at the taking of this deposition the following counsel:

David Casper, O.D., 11/17/17

A P P E A R A N C E S

MR. JOEL KOPPENHOEFER
Cunningham, Meyer & Vedrine
One East Wacker Drive, Suite 2200
Chicago, Illinois 60601

on behalf of the Defendant.

* * * * *

CASPER EXHIBIT: PAGE:

Exhibit 1 4

Exhibit 2 12

David Casper, O.D., 11/17/17

1 (document marked as requested)

2 (witness sworn)

3 DR. DAVID J. CASPER, O.D.,
4 called as a witness herein, having been first duly
5 sworn, was examined upon oral interrogatories and
6 testified as follows:

7 EXAMINATION

8 by MR. KOPPENHOEFER:

9 MR. KOPPENHOEFER: Sir, can you state your name for
10 the record please.

11 THE WITNESS: David J. Casper, optometrist.

12 MR. KOPPENHOEFER: Let the record reflect this is
13 the deposition of David J. Casper, O.D., and set for
14 today's date by subpoena and agreement with the doctor.

15 By the way, the deposition was set for,
16 noticed for 11:00 o'clock on today's date. It's now
17 11:12. No one has appeared for the plaintiff, so we're
18 going to go ahead and proceed.

19 Q Doctor, real quickly, we're here to talk about
20 a patient that you've seen named Cedric Johnson in
21 relation to a lawsuit that he's filed. I'm going to ask
22 you a series of questions about that care. If you have
23 an opinion, feel free to tell me what that is.

24 Basically I'll be asking for your opinions

David Casper, O.D., 11/17/17

1 to a reasonable degree of certainty within your field.
2 If you don't have such an opinion, you can tell me that
3 as well; otherwise, I'll be asking for your
4 recollections of your care of him and what certain
5 things mean, and we have your records here. Feel free
6 to refresh your recollection by looking at those
7 records, okay?

8 A Sure.

9 Q As you can see, we have a court reporter here
10 that's taking everything down, so let's just try to keep
11 a clean record by letting me finish my question before
12 you begin your answer, and I'll do the same before I
13 start my next question.

14 A Understand.

15 Q So it appears that you first saw Mr. Johnson
16 on August 25 of 2016.

17 A Correct.

18 Q And your note reflecting that visit is marked
19 Exhibit 1.

20 A Yes.

21 Q Do you know how it was that Mr. Johnson came
22 to see you on that date?

23 A He came in for a complete eye examination, and
24 we were in the process of completing the examination and

David Casper, O.D., 11/17/17

1 I requested that he be dilated, and we dilated his eyes
2 after we came up with an eyeglass prescription, and for
3 whatever reason, Mr. Johnson had left the office and I
4 didn't see him again until the next examination in 2017.

5 Q So he left before the visit was complete?

6 A Yes.

7 Q While he was still there, you measured his
8 visual acuity?

9 A To the best of my recollection, I wrote it
10 down. Frankly, I didn't recall it. I guessed, because
11 again, he was in the middle of something and he was
12 supposed to wait in my reception area, and for whatever
13 reason he chose to leave.

14 Q And there's a notation of visual acuity of
15 20/200 in both eyes.

16 A Uncorrected, that's correct.

17 Q Uncorrected. Now, and that's sort of your
18 recollection, some sort of after he left and going back
19 in and completing your paperwork?

20 A No, that was -- that's for sure. The
21 recollection was his best corrected acuity. That 20/200
22 was established before we even started.

23 Q And was that established through the visual
24 eye chart?

David Casper, O.D., 11/17/17

1 A Yes, the Snellen acuity chart.

2 Q And that's the one with the big E at the top,
3 right?

4 A It's the S L letters that are 20/200.

5 Q Don't spoil the answers for me. I don't want
6 to be accused of cheating at my next eye exam.

7 You were able to arrive at an eyeglass
8 prescription for him that would correct that vision?

9 A Correct. To what degree, I guess 20/25, but
10 frankly I just took that number because I figured he
11 might get there, but I wasn't exactly sure about it, but
12 he walked out and we couldn't get him back.

13 Q What is it that you would need to do to
14 confirm the examination?

15 A I would have rechecked him, and also too I
16 would have done a more extensive retinal examination.
17 Basically it's called a dilated fundus examination which
18 I was preparing him for, and I didn't get to do that
19 until his next visit a year later.

20 Q All right. Now, on August 25 of 2016, he
21 complained of blurred vision far and near with migraines
22 and a blind spot in his left eye since 2014.

23 A Correct.

24 Q Now, the blurred vision is something that

David Casper, O.D., 11/17/17

1 basically would be assessed based on what he tells you
2 he sees on the eye chart?

3 A More than likely, yeah. When you're blurred,
4 you basically use the focal point of your retina to see
5 letters, and if you don't see the letters clearly, you
6 usually complain of blurriness.

7 Q The migraines of course is simply based on his
8 self report of that to you?

9 A That's subjective on his part.

10 Q And then he talked about a blind spot in his
11 left eye. Is that something that -- is that something
12 that people have?

13 A There is a normal blind spot, but it's not
14 perceived. Based on the testing that I did, gross
15 confrontation and stuff, the best I could determine, I
16 wasn't sure what was going on, and like I say, I didn't
17 really complete the initial examination with him.

18 When I further examined him the next year,
19 then we found the blind spot, whatever else was
20 bothering him.

21 Q So were you able to make any objective
22 findings in August of 2016?

23 A Frankly, I did the best I could with the
24 prescription, and we did an assessment of his retina

David Casper, O.D., 11/17/17

1 without dilation, and it was not a complete exam and we
2 couldn't get him back.

3 Q Without dilation, were you able to make any
4 assessment of the retina?

5 A You could see relatively to the back of the
6 eye directly but slightly to the peripheral part. It's
7 more difficult to view unless you're dilated.

8 The optic nerve that I saw seemed to be
9 okay and whatever else, you know, you could see with the
10 direct ophthalmoscope without dilation, everything
11 seemed to be good, but I at that point dilated him
12 during the exam so I could do more extensive retinal
13 checking, and like I said, that was not able to be done
14 by me.

15 Q Were you able to ascertain what Mr. Johnson
16 meant by a blind spot in his eye?

17 A I assume there was someplace that he couldn't
18 see, and we would have gone into it further if we were
19 going to do more extensive health testing, but he walked
20 out after the refraction and we put the drops in his
21 eyes, so we didn't have a chance to discuss anything
22 further and to assess his retina.

23 Q Now, when Mr. Johnson gave his deposition, he
24 described the blind spot as, quote, white circles that

David Casper, O.D., 11/17/17

1 flash across my eye, end quote.

2 As an optometrist, if a patient makes a
3 report like that to you, does that indicate anything to
4 you or suggest something to you?

5 A It suggests perhaps ocular migraines, but a
6 blind spot is basically a spot where you do not see and
7 there's no light. Basically it's dark or gray or you
8 cannot see. Like if I'm looking at you and I perceive a
9 blind spot, this whole area is not going to be visible
10 unless I move my head.

11 Q There is a phenomenon that people experience
12 with their vision called floaters; true?

13 A Yes.

14 Q Can you explain what floaters are?

15 A A floater is usually in the early years
16 derived from the remnants of a blood vessel that goes
17 from the back of the eye to the lens to nourish the lens
18 during fetal development.

19 The vitreous is basically compared to like
20 a fresh out-of-the-refrigerator jello at the time that
21 we're born, and most of those fibers disintegrate, get
22 resorbed, or some little particles fall out. If the
23 little particles fall out, they're basically held in
24 place by the vitreous.

David Casper, O.D., 11/17/17

1 The vitreous fibers over years essentially
2 is like a plate of melted jello. If I'm not mistaken,
3 it's like collagen similar to jello proteins, and they
4 get loose and then those particles might come up. If
5 you see those, those are usually just little hair type
6 things or you might suggest or think there's a bug or
7 something like that, little gnat or something, real,
8 real small. Those are essentially not a big deal.

9 Floaters in general if there are few of
10 them are not really much of a problem. If you see a
11 glob of floaters and they appear all of a sudden and you
12 notice flashes of light, off to the side particularly,
13 that could indicate either a vitreal detachment or a
14 retina detachment.

15 Q All right. Were you aware that Mr. Johnson
16 was previously assessed with posterior vitreous
17 detachment?

18 A No.

19 Q Is that something that you were able to
20 visualize when you looked at his eyes?

21 A No, and generally those things are relatively
22 benign. Vitreous detachment will probably not affect
23 the vitreous because essentially the vitreous is a sac
24 of tissue which is inside the eye that is adhered to the

David Casper, O.D., 11/17/17

1 retina in a few different places very, very tightly and
2 generally loosely; and over time if you're -- with
3 trauma or aging, sometimes that vitreous will break away
4 from the retina, and if it's a clean break, that's not a
5 problem because it's not going to pull the retina with
6 it. When it pulls the retina with it, that's when you
7 have a vitreous problem and a severe situation you have
8 to deal with.

9 Q But the posterior vitreous detachment can
10 result in the phenomenon known as floaters; true?

11 A Oh, yeah.

12 Q Was there anything else of any substance that
13 came out of that initial visit with Mr. Johnson on
14 August 25 of 2016?

15 A From a health perspective, I couldn't
16 determine much because I was looking forward to seeing
17 him dilated which I didn't, and had I seen him dilated,
18 I could've assessed it a lot better.

19 Q By the way, I also noticed in your note that
20 you documented that there was circumcornea hyperpigment
21 in both eyes.

22 A That's not unusual in darker people.

23 Q And that's not something that affected his
24 vision, is it?

David Casper, O.D., 11/17/17

1 A That's on the sclera, the white part on the
2 outside part of the eye, and that's due to just
3 basically more pigment than normal, and that usually
4 happens in darker pigmented people.

5 Q It wouldn't have an adverse effect on his
6 vision?

7 A No, it's a cosmetic thing that you see on the
8 eyeball.

9 Q Okay. So you did not see Mr. Johnson again
10 until approximately a year later; is that true?

11 A Yes.

12 Q By the way, in that initial visit, did
13 Mr. Johnson relate to you any history about the onset of
14 the symptoms that he was complaining about?

15 A I don't recall.

16 MR. KOPPENHOEFER: All right. And then we've got
17 your report and supporting images from the August 16,
18 2017 visit. I'm going to go ahead and mark those
19 Exhibit 2.

20 (document marked as requested)

21 Q So, Doctor, have we marked as Exhibit 2 a true
22 and correct copy of your report from August 16, 2017,
23 with the images you took on that day?

24 A Yes.

David Casper, O.D., 11/17/17

1 Q Can you tell me, what were the circumstances
2 under which Mr. Johnson came back to see you in August
3 of 2017?

4 A I was contacted by an attorney representing
5 him and he asked me about my experience with my
6 examination with Mr. Johnson, and I told him based on
7 what I had found so far, the examination was incomplete
8 and I wouldn't be confident in explaining a lot about
9 his condition because I did not do the kind of health
10 evaluation of his eye that I wanted to because we were
11 in the middle of dilation and he left before we
12 completed it, the first visit in August of '16.

13 Q And as a consequence of that, Mr. Johnson was
14 scheduled to come back in and see you on August 8 of
15 2017?

16 A I believe that's the date.

17 Q And then your report is actually dated August
18 16.

19 A That's when I put the report together.

20 Q Now, can you tell us what you found about his
21 visual acuity on that day?

22 A Uncorrected he was 20/400, and when we checked
23 him with a pinhole that would kind of give us an idea
24 what he might be able to see, we got a 20/70

David Casper, O.D., 11/17/17

1 correction -- I mean not correction but 20/70 potential
2 with the pinhole in each eye. That was before we did a
3 refraction.

4 Q Near vision was 20/60?

5 A Approximately, yes, and we checked that with a
6 Snellen acuity card at 16 inches.

7 Q And then on this occasion, you were able to
8 arrive at a prescription for corrective lenses for him?

9 A Yes.

10 Q By the way, when he arrived, did he come in
11 with corrective lenses?

12 A I don't recall.

13 Q What about for the year before when he came in
14 then?

15 A I don't believe he had glasses then.

16 Q What was the prescription then for the lenses
17 that you came up with?

18 A The resulting prescription was for myopia with
19 astigmatism and presbyopia. The prescription that we
20 subjectively came to was minus 75, minus 1, axis 84 in
21 the right eye. In the left eye it was minus 50, minus 1
22 and a quarter, axis 93 with a one-fifty add for
23 presbyopia.

24 Q So what was his corrected visual acuity?

David Casper, O.D., 11/17/17

1 A The best corrected in the right eye was 20/40,
2 and in the left eye it was 20/50.

3 Q Can you sort of tell us, I mean is that --
4 that's functional vision?

5 A Central vision of 20/40 without taking into
6 consideration peripheral vision would give a visual
7 acuity to pass a driver's test, but that's not taking
8 into account peripheral vision.

9 Q Were you able to assess his peripheral vision?

10 A Once we did some more extensive testing. We
11 have automated visual fields that showed his subjective
12 responses to the visual field test that we provided to
13 him.

14 Q What was that test?

15 A The test was a 30-2 Humphrey, and the reason
16 why we did a 30-2 Humphrey is to show the entire
17 peripheral visual field, and you have copies.

18 Q And this involved asking Mr. Johnson to look
19 at certain things in his peripheral vision area and
20 reporting what he sees?

21 A No.

22 Q Explain how it works please.

23 A The way the test is performed, the individual
24 has a patch on one eye, and the eye that's being tested

David Casper, O.D., 11/17/17

1 is directed to look at one specific point the whole
2 time, and they have to be attentive and they have to be
3 alert to what's going on and they have to essentially
4 fixate on that one point.

5 As they are fixating on the point,
6 peripheral random points light up, central random,
7 peripheral random, all over the place, and every time
8 the subject perceives light, they should push a button
9 which they're holding in their hand.

10 Q So it relies on I guess honest participation
11 and reporting by the patient?

12 A It's frankly subjective. We look at the
13 results, we try to assess them, but the responses that
14 create the result are subjective.

15 Q All right. And what were the results of that
16 test?

17 A He measured a very limited central visual
18 field.

19 Q What does that mean?

20 A Let me see here from my report I'm picking up.
21 Let me see here.

22 He basically has a very limited visual
23 field from the visual field test that we performed of --
24 I believe I noted around five degrees.

David Casper, O.D., 11/17/17

1 Q And that's in the right eye?

2 A Yeah. The left eye was even worse.

3 Q What is a typical visual field that you expect
4 to see?

5 A 70, 80 degrees.

6 Q So what were the results in the left eye?

7 A He basically didn't respond. Now, I'm going
8 to clarify the way we usually perform the test. We
9 start with the right eye, and upon completion of the
10 right eye, there's multiple points there that they have
11 to respond to.

12 Then we do the left eye, and we did the
13 left eye I believe second to the right eye, actually the
14 time stamped at 16 minutes later, and on the left eye he
15 had some areas of vision on the lower quadrants. So
16 particularly I'm looking at the test on the upper right
17 quadrant. He's very, very limited in what he sees of
18 anything from his responses.

19 And on the left eye inferiorly, he kind of
20 has areas where he's seen a little more than the right
21 eye, but he doesn't have those areas centrally. They're
22 below central on the left eye.

23 Q Were you able to arrive at an opinion to a
24 reasonable degree of certainty within your field as to

David Casper, O.D., 11/17/17

1 the cause of these visual field results?

2 A No. I had recommended after getting the
3 result of all my tests that Mr. Johnson have a referral
4 and have a neurological workup.

5 My perception was is that I see more of a
6 problem behind the eye and beyond the nerve perhaps and
7 including the nerve but not necessarily related to the
8 eyeball and the retina, et cetera.

9 Q All right. Your examination did not disclose
10 an injury to the eye itself?

11 A Not internally or externally, no.

12 Q In the summary section of your report, you
13 noted that Cedric Johnson has an optic nerve defect.

14 A Yes.

15 Q Can you tell us what you saw there or what
16 you're able to perceive there?

17 A The optic nerve defect was perceived as a
18 result of the test. When you see this much darkness in
19 a visual field and you see all the points there and the
20 numbers there, that is very, very limited vision.

21 And if you look at some of the OCT tests
22 which assess the retina below the outer layers, so you
23 could not see it if you looked at the retina, that's the
24 OCT underneath there, there seems to be some retina

David Casper, O.D., 11/17/17

1 involvement which would be an extension of the optic
2 nerve.

3 If you look further at the OCT tests, I
4 did an assessment on his optic nerve, and if you look at
5 the results of the OCT test, a professional would see
6 that the involvement of the nerve is minimal that was
7 measured by the OCT.

8 So I concluded that the extension of the
9 problem or the extent of the problem is beyond the
10 retina and probably more involved beyond the eye.

11 Q Now, do you have any sense about how this
12 optic nerve defect developed?

13 A I had no way I could assess his cranium type
14 situation, and from behind his eye, that's where I
15 perceived the problem to be, and I did refer him
16 accordingly and I have yet to get any kind of a report
17 or any kind of knowledge of what happened after he left
18 our office.

19 Q So in your view, the pathology was within the
20 cranium and that's why you suggested an MRI to look and
21 see what was going on in there?

22 A Correct.

23 Q Were you ever provided a history that
24 Mr. Johnson had been shot and had retained shrapnel in

David Casper, O.D., 11/17/17

1 his head?

2 A I don't recall that; however, I believe I was
3 informed that he had multiple head injuries over the
4 course of his life, and I don't know when it started,
5 but there were multiple times where he had extensive
6 head injury.

7 Q How did you get that information? Was that
8 from his lawyer?

9 A I believe so.

10 Q Okay. So the history, including gunshot wound
11 to the back of the head and being hit in the head with a
12 baseball bat, were you told about that?

13 A I don't recall, but that would explain his
14 visual field.

15 Q Pardon?

16 A That would explain his visual field.

17 Q So those sort of traumatic injuries to the
18 head could account for the optic nerve defect that
19 you're seeing?

20 A Specifically the back of the head is where the
21 visual cortex is and everything ends up there, and if
22 you have a cranial injury that's to the back of the
23 head, that is a very likely area to be damaged.

24 Q At any time in your care of Mr. Johnson, did

David Casper, O.D., 11/17/17

1 he provide you with any specific onset of the symptoms
2 that he was complaining about with his visual field?

3 A I don't believe so.

4 Q So just to sort of sum up that, would it be
5 fair to say that the most likely source of injury to the
6 optic nerve would be trauma to the back of the head?

7 A It would be inside the cranium, and if he had
8 baseball bats to the back of his head and was shot in
9 the back of his head, that's a likely area to pursue as
10 far as doing any further diagnostic testing.

11 Q If there is an injury to the optic nerve
12 through some sort of trauma, is that something that
13 could be repaired?

14 A No, and it doesn't necessarily have an injury
15 to the optic nerve as much as it could be the nerve
16 pathway from the back of the eye to the back of the
17 brain.

18 The optic nerve goes from the back of the
19 eye to the brain and then the brain has all kind of
20 areas where it goes around and then comes to the back of
21 the visual cortex, so a loss of vision could occur
22 anywhere from the back of the eye to the back of the
23 brain.

24 Q And so once that trauma occurs and resulting

David Casper, O.D., 11/17/17

1 in vision loss or visual field loss, that's just the way
2 that it is?

3 A To my knowledge, the way medicine is today,
4 there's no way that we could replicate neurological
5 repair of the eye nerves or the nerves in the brain.

6 Q So that whatever the -- assuming that there
7 was a traumatic insult to Mr. Johnson that caused this
8 situation, there's no doctor that could have intervened
9 to reverse the process, --

10 A No.

11 Q -- is that fair?

12 A If you have extensive nerve damage, you just
13 have to adjust to your circumstances.

14 Q So I phrased it in a negative, but is what I
15 said true?

16 A Repeat the question.

17 Q Let me ask it again without the negative.

18 Assuming that there was a traumatic insult
19 that led to the visual symptoms that were being
20 described here, there's no doctor that could have
21 intervened to reverse or halt that process, is there?

22 A Not to my knowledge, not anything in medicine
23 that I know of.

24 Q Okay. Now, it looks like your office actually

David Casper, O.D., 11/17/17

1 made a neurologist appointment for Mr. Johnson?

2 A We attempted to. I believe we did. We have
3 yet to get correspondence. And frankly with all this
4 going on, I am going to send him a registered letter
5 asking him to cooperate or go elsewhere.

6 Q All right. So it would be your anticipation
7 that when a doctor, specifically a neurologist, sees a
8 patient pursuant to your referral, he will write back to
9 you with the results of that referral once completed?

10 A When I make a referral, I have been doing this
11 since I've been in practice over 30 years, the patient
12 signs their name, gives them the name, address and the
13 phone number where that patient could be contacted.

14 If we know the referring -- the doctor
15 we're referring to, we will put that name on the form,
16 and on the bottom of the form after the patient releases
17 permission to exchange information, on the bottom of the
18 form I sign it and I request a report of the findings.

19 Q Okay. And that has not occurred in this case?

20 A I did not receive anything. Any time this
21 comes to my mind or I'm contacted, I ask the people in
22 the office, did anything come in. My answers are no,
23 and they tried to contact Mr. Johnson and they're not
24 getting any kind of response as to what happened.

David Casper, O.D., 11/17/17

1 Q And so your presumption based on the way the
2 medical practice works, medical recordkeeping is done,
3 is that that appointment has not been kept?

4 A I honestly don't know. If it was kept, maybe
5 he went somewhere else, maybe he didn't get a report
6 sent to me or requested a report be not sent to me.
7 I -- frankly I can't honestly answer it. All I know is
8 I gave him the referral. We made arrangements to try to
9 get him to go someplace and that was the last contact,
10 and I don't know if he saw anybody or what went on after
11 he left.

12 Q By the way, your report from August 16 of 2017
13 indicates at the bottom that the testing that you
14 performed requires attentiveness, understanding and
15 performance on the part of the patient.

16 A That's specifically related to the visual
17 field; however, when we do a prescription, we do it both
18 objectively and subjectively.

19 So essentially the visual field is very
20 subjective because if you perceive a light, you push a
21 button and we're assuming that you saw the light. When
22 we're asking you which one is better, which image is
23 better with lens one or lens two, we assume that you're
24 picking the lens that gives you the clearest image.

David Casper, O.D., 11/17/17

1 So we have to base a final prescription
2 usually on subjective findings unless you have somebody
3 who's basically not able to respond, and at that point
4 you do a cycloplegic exam. It's a whole different
5 story.

6 Q Well, I'm curious. What is a cycloplegic
7 exam?

8 A In general, I have examined two- and three-
9 year-olds, and I try to get some feedback as to pictures
10 and stuff that they could recognize and see, and
11 sometimes we have people who are severely handicapped
12 mentally and they cannot respond. So what we do is
13 there's a cyclopentolate medicine and that is not
14 usually used to dilate because when you dilate like in
15 Mr. Johnson's case, you want to expand the pupil to get
16 to the back of the eye.

17 When you use cyclopentolate, the main
18 effect of that drug is to relax the ciliary body
19 focusing muscles of the eye. As that portion of the eye
20 is relaxed, the pupil dilates as a result. That's not
21 your intention, but that shows that your eye is -- the
22 eye that you instill the cyclopentolate in is dilated
23 because the focusing muscle is affected and, therefore,
24 it opens the pupil.

David Casper, O.D., 11/17/17

1 When the ciliary body is relaxed as much
2 as it can be with the medicine, we perform an objective
3 refractive exam. Essentially that examination is a test
4 where we position the patient's head and they have to
5 look at a picture, and generally speaking while they're
6 looking at a picture, we push a button and the machine
7 takes a potential refractive error measurement, and
8 after the eye has been totally relaxed with
9 cyclopentolate, it's pretty easy to get an effective
10 prescription.

11 Q Does that allow you to check visual field?

12 A Yeah, you can see the visual field grossly or
13 you could do a subjective test after that, but the
14 purpose of doing that test is to have the total muscle
15 relaxation so you could get an objective measurement
16 that's without influence of focusing.

17 Q In any event, the test that was performed on
18 Mr. Johnson required subjective reporting from him of
19 the results?

20 A Yes.

21 Q Can you tell us whether you were able to make
22 an assessment of his attentiveness, understanding and
23 performance with the test?

24 A With the refraction, he was relatively

David Casper, O.D., 11/17/17

1 attentive to that. I believe there were some problems
2 with doing the visual fields test where we had to kind
3 of keep him focused on what he was doing there.

4 Q Can you expound on that? What was he doing?

5 A I'm reluctant to say this, but the tester said
6 they had to keep telling him to look straight ahead and
7 not sleep.

8 Q And that was during the visual field portion
9 of the testing?

10 A Yes. It's about a five- or eight-minute test
11 where you put your chin in a chin rest and you're
12 constantly looking straight ahead. I mean, it's boring
13 for most people.

14 Q Did Mr. Johnson appear to be when you saw him
15 under the influence of any intoxicant or drugs or
16 anything?

17 A He was kind of slow to respond, but I didn't
18 conclude it to anything that might be related with that.

19 Q Okay. And then you talked about the
20 prescription that you made for him. Was he ordered
21 glasses then?

22 A I believe so.

23 Q How would that be arranged? I mean, is there
24 a separate supplier that he picks them up from? How

David Casper, O.D., 11/17/17

1 does that work?

2 A Generally speaking, once your refraction has
3 been complete and we have established a final
4 prescription, we have a dispensary where based on your
5 insurance, the way most of these insurances are today,
6 you have a specific collection of frames you get to
7 choose from and we show you those specific frames that
8 your insurance covers, and most of the insurance
9 companies require us to order all the glasses from the
10 individual's insured laboratory from the insurance
11 company.

12 Q So in order to know for sure whether glasses
13 were ordered for Mr. Johnson, we would need to check
14 those order forms and your records?

15 A They're in my records. I didn't think it was
16 necessary for the exam report; otherwise, I would've
17 found out about it.

18 Q Okay. Real quickly. You are an optometrist;
19 true?

20 A Yes.

21 Q And you're licensed by the State of Illinois?

22 A Yes.

23 Q Is there board certification for optometry?

24 A No.

David Casper, O.D., 11/17/17

1 Q Can you tell us briefly where you did your
2 education?

3 A At the Illinois College of Optometry, and
4 after that, we had to take further courses to be able to
5 use diagnostic drugs, and then in 1996 I went to the
6 Midwestern Medical School and the course was sponsored
7 by the University of Missouri, St. Louis, and we had a
8 six-week course to be re-updated with our pharmaco-
9 logical background and pass various testing to be
10 eligible to prescribe oral and drops and things like
11 that for therapy of glaucoma, et cetera, and also eye
12 infections and things like that.

13 Q How long have you been practicing as an
14 optometrist?

15 A Since 1979. I got my license in August.

16 MR. KOPPENHOEFER: Okay. I don't have any other
17 questions. Thank you, sir.

18 THE REPORTER: Signature?

19 MR. KOPPENHOEFER: Do you know about the signature
20 option?

21 THE WITNESS: No.

22 MR. KOPPENHOEFER: So she's going to type up the
23 transcript sometime after today. You have the option if
24 you would like of reviewing that transcript for accuracy

David Casper, O.D., 11/17/17

1 and, for example, misspelled words, things that like.

2 THE WITNESS: I would prefer.

3 MR. KOPPENHOEFER: So show that signature has been
4 reserved, and we can coordinate how you're going to take
5 a look at it then.

6

7 (The deposition concluded at 11:50 a.m.)

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David Casper, O.D., 11/17/17

IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CEDRIC LYN JOHNSON (B18840),)
)
Plaintiff,)
)
-vs-) No. 15 CV 885
)
EVARISTO AGUINALDO,)
)
Defendant.)

Date of Deposition: November 17, 2017

I hereby certify that I have read the
foregoing transcript of my deposition given at the time
and place aforesaid, inclusive, and I do again subscribe
and make oath that the same is a true, correct and
complete transcript of my deposition so given as
aforesaid, and includes changes, if any, so made by me.

DR. DAVID J. CASPER, O.D.

SUBSCRIBED AND SWORN TO
before me this _____ day of
_____, A.D., 2017.

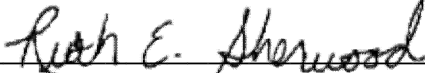
David Casper, O.D., 11/17/17

1 STATE OF ILLINOIS)
2)
3 COUNTY OF W I L L)

4 I, RUTH E. SHERWOOD, C.S.R., R.P.R., a
5 Notary Public in and for the County of Will, State of
6 Illinois, do hereby certify that DR. DAVID J. CASPER,
7 O.D. was first duly sworn by me to testify the truth;
8 that the above deposition was recorded stenographically
9 and reduced to typewriting by me; and that the foregoing
10 transcript of the said deposition is a true and correct
11 transcript of the testimony given by the said witness at
12 the time and place previously specified.

13 I further certify that I'm not counsel for
14 nor in any way related to any of the parties to this
15 suit, nor am I in any way interested in the outcome
16 thereof.

17 IN WITNESS WHEREOF, I have hereunto set my
18 hand and affixed my notarial seal this 28th day of
19 November, 2017.

20
21
22 
23 RUTH E. SHERWOOD, C.S.R., R.P.R.
24 CSR License No. 084-003032



David Casper, O.D., 11/17/17

GEORGE E. RYDMAN & ASSOCIATES, LTD.
15 West Jefferson Street
Joliet, IL 60432
(815) 727-4363

November 28, 2017

Dr. David J. Casper
c/o Mr. Joel Koppenhoefer
Cunningham, Meyer & Vedrine
One East Wacker Dr., Suite 2200
Chicago, IL 60601

Re: Johnson vs. Aguinaldo

Dear Dr. Casper:

Please find enclosed herein a copy of your deposition transcript taken on November 17, 2017, which you desired to read and sign.

Please read the transcript carefully and on the enclosed correction sheet, indicating the page number and line number, list any change you feel necessary and the reason for that change.

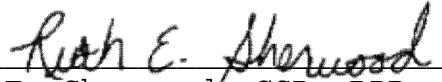
When you have completed reading the transcript, sign the Signature Page which we have enclosed and have your signature notarized by a Notary Public.

Please return the enclosed Signature Page and the correction sheet to this office within 28 days, as required by Statute. We will then forward any corrections and the Signature Page to all parties concerned.

Your prompt attention in regard to this matter is greatly appreciated.

Yours very truly,

GEORGE E. RYDMAN & ASSOC., LTD.

By: 
Ruth E. Sherwood, CSR, RPR

cc: file

George E. Rydman & Assoc., Joliet, IL (815) 727-4363

David Casper, O.D., 11/17/17

A		B		
A.D 1:20 31:22	15:19 20:23	B18840 1:4 31:4	bothering 7:20	cheating 6:6
a.m 1:19 30:7	21:9	back 5:18 6:12	bottom 23:16,17	check 26:11 28:13
able 6:7 7:21 8:3	areas 17:15,20,21	8:2,5 9:17 13:2	24:13	checked 13:22
8:13,15 10:19	21:20	13:14 20:11,20	brain 21:17,19,19	14:5
13:24 14:7 15:9	arranged 27:23	20:22 21:6,8,9	21:23 22:5	checking 8:13
17:23 18:16	arrangements	21:16,16,18,20	break 11:3,4	Chicago 2:5 33:7
25:3 26:21 29:4	24:8	21:22,22 23:8	briefly 29:1	chin 27:11,11
account 15:8	arrive 6:7 14:8	25:16	bug 10:6	choose 28:7
20:18	17:23	background 29:9	button 16:8 24:21	chose 5:13
accuracy 29:24	arrived 14:10	base 25:1	26:6	ciliary 25:18 26:1
accused 6:6	ascertain 8:15	baseball 20:12	C	circles 8:24
acuity 5:8,14,21	asked 13:5	21:8	C 2:1	circumcornea
6:1 13:21 14:6	asking 3:24 4:3	based 7:1,7,14	C.S.R 32:4,22	11:20
14:24 15:7	15:18 23:5	13:6 24:1 28:4	c/o 33:6	circumstances
add 14:22	24:22	basically 3:24	called 3:4 6:17	13:1 22:13
address 23:12	assess 8:22 15:9	6:17 7:1,4 9:6,7	9:12	City 1:18
adhered 10:24	16:13 18:22	9:19,23 12:3	card 14:6	Civil 1:16
adjust 22:13	19:13	16:22 17:7 25:3	care 3:22 4:4	clarify 17:8
adverse 12:5	assessed 7:1 10:16	bat 20:12	20:24	clean 4:11 11:4
affect 10:22	11:18	bats 21:8	carefully 33:12	clearest 24:24
affixed 32:18	assessment 7:24	behalf 2:6	case 23:19 25:15	clearly 7:5
aforsaid 31:14	8:4 19:4 26:22	believe 13:16	Casper 1:11,14	collagen 10:3
31:17	Assoc 33:20,27	14:15 16:24	2:12 3:3,11,13	collection 28:6
aging 11:3	ASSOCIATES	17:13 20:2,9	31:19 32:6 33:5	College 29:3
agreement 3:14	33:1	21:3 23:2 27:1	33:9	come 10:4 13:14
Aguinaldo 1:7	assume 8:17	27:22	cause 18:1	14:10 23:22
31:7 33:8	24:23	benign 10:22	caused 22:7	comes 21:20
ahead 3:18 12:18	assuming 22:6,18	best 5:9,21 7:15	cc 33:24	23:21
27:6,12	24:21	7:23 15:1	Cedric 1:4 3:20	companies 28:9
alert 16:3	astigmatism	better 11:18	18:13 31:4	company 28:11
allow 26:11	14:19	24:22,23	central 15:5 16:6	compared 9:19
answer 4:12 24:7	attempted 23:2	beyond 18:6 19:9	16:17 17:22	complain 7:6
answers 6:5 23:22	attention 33:18	19:10	centrally 17:21	complained 6:21
anticipation 23:6	attentive 16:2	big 6:2 10:8	certain 4:4 15:19	complaining
anybody 24:10	27:1	blind 6:22 7:10,13	certainty 4:1	12:14 21:2
appear 10:11	attentiveness	7:19 8:16,24 9:6	17:24	complete 4:23 5:5
27:14	24:14 26:22	9:9	certification	7:17 8:1 28:3
appeared 3:17	attorney 13:4	blood 9:16	28:23	31:16
appears 4:15	August 4:16 6:20	blurred 6:21,24	certify 31:12 32:6	completed 13:12
appointment 23:1	7:22 11:14	7:3	32:13	23:9 33:14
24:3	12:17,22 13:2	blurriness 7:6	cetera 18:8 29:11	completing 4:24
appreciated 33:18	13:12,14,17	board 28:23	chance 8:21	5:19
approximately	24:12 29:15	body 25:18 26:1	change 33:13,13	completion 17:9
12:10 14:5	automated 15:11	boring 27:12	changes 31:17	concerned 33:17
area 5:12 9:9	aware 10:15	born 9:21	chart 5:24 6:1 7:2	conclude 27:18
	axis 14:20,22			concluded 19:8

David Casper, O.D., 11/17/17

30:7 condition 13:9 confident 13:8 confirm 6:14 confrontation 7:15 consequence 13:13 consideration 15:6 constantly 27:12 contact 23:23 24:9 contacted 13:4 23:13,21 cooperate 23:5 coordinate 30:4 copies 15:17 copy 12:22 33:10 correct 4:17 5:16 6:8,9,23 12:22 19:22 31:15 32:10 corrected 5:21 14:24 15:1 correction 14:1,1 33:12,16 corrections 33:17 corrective 14:8,11 correspondence 23:3 cortex 20:21 21:21 cosmetic 12:7 could've 11:18 counsel 1:22 32:13 County 1:19 32:2 32:5 course 7:7 20:4 29:6,8 courses 29:4 court 1:1 4:9 31:1 Courts 1:17 covers 28:8 cranial 20:22	cranium 19:13,20 21:7 create 16:14 CSR 1:15 32:23 33:22 Cunningham 2:4 33:6 curious 25:6 CV 1:6 31:6 cyclopentolate 25:13,17,22 26:9 cycloplegic 25:4,6 <hr/> D <hr/> damage 22:12 damaged 20:23 dark 9:7 darker 11:22 12:4 darkness 18:18 date 3:14,16 4:22 13:16 31:10 dated 13:17 David 1:11,14 3:3 3:11,13 31:19 32:6 33:5 day 1:20 12:23 13:21 31:21 32:18 days 33:16 deal 10:8 11:8 Dear 33:9 defect 18:13,17 19:12 20:18 Defendant 1:8 2:6 31:8 degree 4:1 6:9 17:24 degrees 16:24 17:5 deposition 1:10 1:14,22 3:13,15 8:23 30:7 31:10 31:13,16 32:8 32:10 33:11 depositions 1:18	derived 9:16 described 8:24 22:20 desired 33:11 detachment 10:13 10:14,17,22 11:9 determine 7:15 11:16 developed 19:12 development 9:18 diagnostic 21:10 29:5 different 11:1 25:4 difficult 8:7 dilate 25:14,14 dilated 5:1,1 6:17 8:7,11 11:17,17 25:22 dilates 25:20 dilation 8:1,3,10 13:11 direct 8:10 directed 16:1 directly 8:6 disclose 18:9 discuss 8:21 disintegrate 9:21 dispensary 28:4 District 1:1,1,17 31:1,2 DIVISION 1:2 31:2 doctor 3:14,19 12:21 22:8,20 23:7,14 document 3:1 12:20 documented 11:20 doing 21:10 23:10 26:14 27:2,3,4 Dr 1:11,14 3:3 31:19 32:6 33:5 33:7,9	Drive 2:5 driver's 15:7 drops 8:20 29:10 drug 25:18 drugs 27:15 29:5 due 12:2 duly 3:4 32:7 <hr/> E <hr/> E 1:15 2:1,1 6:2 32:4,22 33:1,20 33:22,27 early 9:15 East 2:5 33:7 EASTERN 1:2 31:2 easy 26:9 education 29:2 effect 12:5 25:18 effective 26:9 eight-minute 27:10 either 10:13 eligible 29:10 enclosed 33:10,12 33:14,15 ends 20:21 entire 15:16 error 26:7 essentially 10:1,8 10:23 16:3 24:19 26:3 established 5:22 5:23 28:3 et 18:8 29:11 evaluation 13:10 EVARISTO 1:7 31:7 event 26:17 exactly 6:11 exam 6:6 8:1,12 25:4,7 26:3 28:16 examination 3:7 4:23,24 5:4 6:14 6:16,17 7:17	13:6,7 18:9 26:3 examined 3:5 7:18 25:8 example 30:1 exchange 23:17 Exhibit 2:12,13 2:14 4:19 12:19 12:21 expand 25:15 expect 17:3 experience 9:11 13:5 explain 9:14 15:22 20:13,16 explaining 13:8 expound 27:4 extension 19:1,8 extensive 6:16 8:12,19 15:10 20:5 22:12 extent 19:9 externally 18:11 eye 4:23 5:24 6:6 6:22 7:2,11 8:6 8:16 9:1,17 10:24 12:2 13:10 14:2,21 14:21 15:1,2,24 15:24 17:1,2,6,9 17:10,12,13,13 17:14,19,21,22 18:6,10 19:10 19:14 21:16,19 21:22 22:5 25:16,19,19,21 25:22 26:8 29:11 eyeball 12:8 18:8 eyeglass 5:2 6:7 eyes 5:1,15 8:21 10:20 11:21 <hr/> F <hr/> fair 21:5 22:11 fall 9:22,23 far 6:21 13:7
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

David Casper, O.D., 11/17/17

21:10 Federal 1:16 feedback 25:9 feel 3:23 4:5 33:13 fetal 9:18 fibers 9:21 10:1 field 4:1 15:12,17 16:18,23,23 17:3,24 18:1,19 20:14,16 21:2 22:1 24:17,19 26:11,12 27:8 fields 15:11 27:2 figured 6:10 file 33:24 filed 3:21 final 25:1 28:3 find 33:10 findings 7:22 23:18 25:2 finish 4:11 first 3:4 4:15 13:12 32:7 five 16:24 five- 27:10 fixate 16:4 fixating 16:5 flash 9:1 flashes 10:12 floater 9:15 floaters 9:12,14 10:9,11 11:10 focal 7:4 focused 27:3 focusing 25:19,23 26:16 following 1:22 follows 3:6 foregoing 31:13 32:9 form 23:15,16,18 forms 28:14 forward 11:16 33:16 found 7:19 13:7 13:20 28:17	frames 28:6,7 frankly 5:10 6:10 7:23 16:12 23:3 24:7 free 3:23 4:5 fresh 9:20 functional 15:4 fundus 6:17 further 7:18 8:18 8:22 19:3 21:10 29:4 32:13 <hr/> G general 10:9 25:8 generally 10:21 11:2 26:5 28:2 George 33:1,20 33:27 getting 18:2 23:24 give 13:23 15:6 given 31:13,16 32:11 gives 23:12 24:24 glasses 14:15 27:21 28:9,12 glaucoma 29:11 glob 10:11 gnat 10:7 go 3:18 12:18 23:5 24:9 goes 9:16 21:18 21:20 going 3:18,21 5:18 7:16 8:19 9:9 11:5 12:18 16:3 17:7 19:21 23:4,4 29:22 30:4 good 8:11 gray 9:7 greatly 33:18 gross 7:14 grossly 26:12 guess 6:9 16:10 guessed 5:10 gunshot 20:10	<hr/> H hair 10:5 halt 22:21 hand 16:9 32:18 handicapped 25:11 happened 19:17 23:24 happens 12:4 head 9:10 20:1,3 20:6,11,11,18 20:20,23 21:6,8 21:9 26:4 health 8:19 11:15 13:9 held 9:23 hereunto 32:17 history 12:13 19:23 20:10 hit 20:11 holding 16:9 honest 16:10 honestly 24:4,7 Humphrey 15:15 15:16 hyperpigment 11:20 <hr/> I idea 13:23 IL 33:2,7,27 Illinois 1:1,19 2:5 28:21 29:3 31:2 32:1,6 image 24:22,24 images 12:17,23 inches 14:6 includes 31:17 including 18:7 20:10 inclusive 31:14 incomplete 13:7 indicate 9:3 10:13 indicates 24:13 indicating 33:12 individual 15:23	individual's 28:10 infections 29:12 inferiorly 17:19 influence 26:16 27:15 information 20:7 23:17 informed 20:3 initial 7:17 11:13 12:12 injuries 20:3,17 injury 18:10 20:6 20:22 21:5,11 21:14 inside 10:24 21:7 instill 25:22 insult 22:7,18 insurance 28:5,8 28:8,10 insurances 28:5 insured 28:10 intention 25:21 interested 32:15 internally 18:11 interrogatories 3:5 intervened 22:8 22:21 intoxicant 27:15 involved 15:18 19:10 involvement 19:1 19:6 <hr/> J J 1:11,14 3:3,11 3:13 31:19 32:6 33:5 Jefferson 1:18 33:1 jello 9:20 10:2,3 Joel 2:4 33:6 Johnson 1:4 3:20 4:15,21 5:3 8:15 8:23 10:15 11:13 12:9,13	13:2,6,13 15:18 18:3,13 19:24 20:24 22:7 23:1 23:23 26:18 27:14 28:13 31:4 33:8 Johnson's 25:15 Joliet 1:19 33:2 33:27 <hr/> K keep 4:10 27:3,6 kept 24:3,4 kind 13:9,23 17:19 19:16,17 21:19 23:24 27:2,17 know 4:21 8:9 20:4 22:23 23:14 24:4,7,10 28:12 29:19 knowledge 19:17 22:3,22 known 11:10 Koppenhoefer 2:4 3:8,9,12 12:16 29:16,19 29:22 30:3 33:6 <hr/> L L 6:4 32:2,2 laboratory 28:10 lawsuit 3:21 lawyer 20:8 layers 18:22 leave 5:13 led 22:19 left 5:3,5,18 6:22 7:11 13:11 14:21 15:2 17:2 17:6,12,13,14 17:19,22 19:17 24:11 lens 9:17,17 24:23 24:23,24 lenses 14:8,11,16
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

let's 4:10 letter 23:4 letters 6:4 7:5,5 letting 4:11 license 29:15 32:23 licensed 28:21 life 20:4 light 9:7 10:12 16:6,8 24:20,21 limited 16:17,22 17:17 18:20 line 33:13 list 33:13 little 9:22,23 10:5 10:7 17:20 logical 29:9 long 29:13 look 15:18 16:1 16:12 18:21 19:3,4,20 26:5 27:6 30:5 looked 10:20 18:23 looking 4:6 9:8 11:16 17:16 26:6 27:12 looks 22:24 loose 10:4 loosely 11:2 loss 21:21 22:1,1 lot 11:18 13:8 Louis 29:7 lower 17:15 LYN 1:4 31:4	meant 8:16 measured 5:7 16:17 19:7 measurement 26:7,15 medical 24:2,2 29:6 medicine 22:3,22 25:13 26:2 melted 10:2 mentally 25:12 Meyer 2:4 33:6 middle 5:11 13:11 Midwestern 29:6 migraines 6:21 7:7 9:5 mind 23:21 minimal 19:6 minus 14:20,20 14:21,21 minutes 17:14 Missouri 29:7 misspelled 30:1 mistaken 10:2 move 9:10 MRI 19:20 multiple 17:10 20:3,5 muscle 25:23 26:14 muscles 25:19 myopia 14:18	18:13,17 19:2,4 19:6,12 20:18 21:6,11,15,15 21:18 22:12 nerves 22:5,5 neurological 18:4 22:4 neurologist 23:1,7 normal 7:13 12:3 NORTHERN 1:1 31:2 notarial 32:18 notarized 33:15 Notary 1:15 32:5 33:15 notation 5:14 note 4:18 11:19 noted 16:24 18:13 notice 10:12 noticed 3:16 11:19 nourish 9:17 November 1:12 1:20 31:10 32:19 33:4,11 number 6:10 23:13 33:12,13 numbers 18:20	33:16 Oh 11:11 okay 4:7 8:9 12:9 20:10 22:24 23:19 27:19 28:18 29:16 once 15:10 21:24 23:9 28:2 one-fifty 14:22 onset 12:13 21:1 opens 25:24 ophthalmoscope 8:10 opinion 3:23 4:2 17:23 opinions 3:24 optic 8:8 18:13,17 19:1,4,12 20:18 21:6,11,15,18 option 29:20,23 optometrist 3:11 9:2 28:18 29:14 optometry 28:23 29:3 oral 3:5 29:10 order 28:9,12,14 ordered 27:20 28:13 out-of-the-refri... 9:20 outcome 32:15 outer 18:22 outside 12:2	particularly 10:12 17:16 parties 32:14 33:17 pass 15:7 29:9 patch 15:24 pathology 19:19 pathway 21:16 patient 3:20 9:2 16:11 23:8,11 23:13,16 24:15 patient's 26:4 people 7:12 9:11 11:22 12:4 23:21 25:11 27:13 perceive 9:8 18:16 24:20 perceived 7:14 18:17 19:15 perceives 16:8 perception 18:5 perform 17:8 26:2 performance 24:15 26:23 performed 15:23 16:23 24:14 26:17 peripheral 8:6 15:6,8,9,17,19 16:6,7 permission 23:17 perspective 11:15 pertaining 1:17 pharmaco- 29:8 phenomenon 9:11 11:10 phone 23:13 phrased 22:14 picking 16:20 24:24 picks 27:24 picture 26:5,6 pictures 25:9 pigment 12:3 pigmented 12:4
M machine 26:6 main 25:17 mark 12:18 marked 3:1 4:18 12:20,21 matter 33:18 mean 4:5 14:1 15:3 16:19 27:12,23	N N 2:1 name 3:9 23:12 23:12,15 named 3:20 near 6:21 14:4 necessarily 18:7 21:14 necessary 28:16 33:13 need 6:13 28:13 negative 22:14,17 nerve 8:8 18:6,7	O o'clock 1:19 3:16 O.D 1:11,14 3:3 3:13 31:19 32:7 oath 31:15 objective 7:21 26:2,15 objectively 24:18 occasion 14:7 occur 21:21 occurred 23:19 occurs 21:24 OCT 18:21,24 19:3,5,7 ocular 9:5 office 5:3 19:18 22:24 23:22	P P 2:1,1 page 2:12 33:12 33:14,15,17 paperwork 5:19 Pardon 20:15 part 7:9 8:6 12:1 12:2 24:15 participation 16:10 particles 9:22,23 10:4	

David Casper, O.D., 11/17/17

pinhole 13:23 14:2 place 9:24 16:7 31:14 32:12 places 11:1 plaintiff 1:5 3:17 31:5 plate 10:2 please 3:10 15:22 33:10,12,15 point 7:4 8:11 16:1,4,5 25:3 points 16:6 17:10 18:19 portion 25:19 27:8 position 26:4 posterior 10:16 11:9 potential 14:1 26:7 practice 23:11 24:2 practicing 29:13 prefer 30:2 preparing 6:18 presbyopia 14:19 14:23 prescribe 29:10 prescription 5:2 6:8 7:24 14:8,16 14:18,19 24:17 25:1 26:10 27:20 28:4 present 1:21 presumption 24:1 pretty 26:9 previously 10:16 32:12 probably 10:22 19:10 problem 10:10 11:5,7 18:6 19:9 19:9,15 problems 27:1 Procedure 1:16	proceed 3:18 process 4:24 22:9 22:21 professional 19:5 prompt 33:18 proteins 10:3 provide 21:1 provided 15:12 19:23 Public 1:15 32:5 33:15 pull 11:5 pulls 11:6 pupil 25:15,20,24 purpose 26:14 pursuant 1:16 23:8 pursue 21:9 push 16:8 24:20 26:6 put 8:20 13:19 23:15 27:11 <hr/> Q quadrant 17:17 quadrants 17:15 quarter 14:22 question 4:11,13 22:16 questions 3:22 29:17 quickly 3:19 28:18 quote 8:24 9:1 <hr/> R R 2:1 R.P.R 32:4,22 random 16:6,6,7 re-updated 29:8 read 31:12 33:11 33:12 reading 33:14 real 3:19 10:7,8 28:18 really 7:17 10:10	reason 5:3,13 15:15 33:13 reasonable 4:1 17:24 recall 5:10 12:15 14:12 20:2,13 receive 23:20 reception 5:12 rechecked 6:15 recognize 25:10 recollection 4:6 5:9,18,21 recollections 4:4 recommended 18:2 record 3:10,12 4:11 recorded 32:8 recordkeeping 24:2 records 4:5,7 28:14,15 reduced 32:9 refer 19:15 referral 18:3 23:8 23:9,10 24:8 referring 23:14,15 reflect 3:12 reflecting 4:18 refraction 8:20 14:3 26:24 28:2 refractive 26:3,7 refresh 4:6 regard 33:18 registered 23:4 relate 12:13 related 18:7 24:16 27:18 32:14 relation 3:21 relatively 8:5 10:21 26:24 relax 25:18 relaxation 26:15 relaxed 25:20 26:1,8 releases 23:16	relies 16:10 reluctant 27:5 remnants 9:16 repair 22:5 repaired 21:13 Repeat 22:16 replicate 22:4 report 7:8 9:3 12:17,22 13:17 13:19 16:20 18:12 19:16 23:18 24:5,6,12 28:16 reporter 4:9 29:18 reporting 15:20 16:11 26:18 representing 13:4 request 23:18 requested 3:1 5:1 12:20 24:6 require 28:9 required 26:18 33:16 requires 24:14 reserved 30:4 resorbed 9:22 respond 17:7,11 25:3,12 27:17 response 23:24 responses 15:12 16:13 17:18 rest 27:11 result 11:10 16:14 18:3,18 25:20 resulting 14:18 21:24 results 16:13,15 17:6 18:1 19:5 23:9 26:19 retained 19:24 retina 7:4,24 8:4 8:22 10:14 11:1 11:4,5,6 18:8,22 18:23,24 19:10 retinal 6:16 8:12	return 33:15 reverse 22:9,21 reviewing 29:24 right 6:3,20 10:15 12:16 14:21 15:1 16:15 17:1 17:9,10,13,16 17:20 18:9 23:6 RPR 1:15 33:22 Rules 1:16 Ruth 1:15 32:4,22 33:22 Rydman 33:1,20 33:27 <hr/> S S 2:1 6:4 sac 10:23 saw 4:15 8:8 18:15 24:10,21 27:14 scheduled 13:14 School 29:6 sclera 12:1 seal 32:18 second 17:13 section 18:12 see 4:9,22 5:4 7:4 7:5 8:5,9,18 9:6 9:8 10:5,10 12:7 12:9 13:2,14,24 16:20,21 17:4 18:5,18,19,23 19:5,21 25:10 26:12 seeing 11:16 20:19 seen 3:20 11:17 17:20 sees 7:2 15:20 17:17 23:7 self 7:8 send 23:4 sense 19:11 sent 24:6,6 separate 27:24
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

David Casper, O.D., 11/17/17

series 3:22	spot 6:22 7:10,13	T	today's 3:14,16	V
set 3:13,15 32:17	7:19 8:16,24 9:6	take 29:4 30:4	told 13:6 20:12	various 29:9
severe 11:7	9:6,9	taken 1:12,14	top 6:2	Vedrine 2:4 33:6
severely 25:11	St 29:7	33:11	total 26:14	vessel 9:16
sheet 33:12,16	stamped 17:14	takes 26:7	totally 26:8	view 8:7 19:19
Sherwood 1:15	start 4:13 17:9	talk 3:19	transcript 29:23	visible 9:9
32:4,22 33:22	started 5:22 20:4	talked 7:10 27:19	29:24 31:13,16	vision 6:8,21,24
shot 19:24 21:8	state 3:9 28:21	tell 3:23 4:2 13:1	32:10,11 33:11	9:12 11:24 12:6
show 15:16 28:7	32:1,5	13:20 15:3	33:12,14	14:4 15:4,5,6,8
30:3	States 1:1,17 31:1	18:15 26:21	trauma 11:3 21:6	15:9,19 17:15
showed 15:11	Statute 33:16	29:1	21:12,24	18:20 21:21
shows 25:21	stenographically	telling 27:6	traumatic 20:17	22:1
shrapnel 19:24	32:8	tells 7:1	22:7,18	visit 4:18 5:5 6:19
side 10:12	story 25:5	test 15:7,12,14,15	tried 23:23	11:13 12:12,18
sign 23:18 33:11	straight 27:6,12	15:23 16:16,23	true 9:12 11:10	13:12
33:14	Street 1:18 33:1	17:8,16 18:18	12:10,21 22:15	visual 5:8,14,23
signature 29:18	stuff 7:15 25:10	19:5 26:3,13,14	28:19 31:15	13:21 14:24
29:19 30:3	subject 16:8	26:17,23 27:2	32:10	15:6,11,12,17
33:14,15,15,17	subjective 7:9	27:10	truly 33:19	16:17,22,23
signs 23:12	15:11 16:12,14	tested 15:24	truth 32:7	17:3 18:1,19
similar 10:3	24:20 25:2	tester 27:5	try 4:10 16:13	20:14,16,21
simply 7:7	26:13,18	testified 3:6	24:8 25:9	21:2,21 22:1,19
sir 3:9 29:17	subjectively 14:20	testify 32:7	two 24:23	24:16,19 26:11
situation 11:7	24:18	testimony 32:11	two- 25:8	26:12 27:2,8
19:14 22:8	subpoena 3:14	testing 7:14 8:19	type 10:5 19:13	visualize 10:20
six-week 29:8	subscribe 31:14	15:10 21:10	29:22	vitreal 10:13
sleep 27:7	SUBSCRIBED	24:13 27:9 29:9	typewriting 32:9	vitreous 9:19,24
slightly 8:6	31:20	tests 18:3,21 19:3	typical 17:3	10:1,16,22,23
slow 27:17	substance 11:12	Thank 29:17	U	10:23 11:3,7,9
small 10:8	sudden 10:11	therapy 29:11	Uncorrected 5:16	vs 33:8
Snellen 6:1 14:6	suggest 9:4 10:6	thereof 32:16	5:17 13:22	vs- 1:6 31:6
somebody 25:2	suggested 19:20	thing 12:7	underneath 18:24	W
someplace 8:17	suggests 9:5	things 4:5 10:6,21	Understand 4:14	W 32:2
24:9	suit 32:15	15:19 29:10,12	understanding	Wacker 2:5 33:7
sort 5:17,18 15:3	Suite 2:5 33:7	30:1	24:14 26:22	wait 5:12
20:17 21:4,12	sum 21:4	think 10:6 28:15	United 1:1,17	walked 6:12 8:19
source 21:5	summary 18:12	three- 25:8	31:1	want 6:5 25:15
speaking 26:5	supplier 27:24	tightly 11:1	University 29:7	wanted 13:10
28:2	supporting 12:17	time 9:20 11:2	unusual 11:22	wasn't 6:11 7:16
specific 16:1 21:1	supposed 5:12	16:2,7 17:14	upper 17:16	way 3:15 11:19
28:6,7	sure 4:8 5:20 6:11	20:24 23:20	use 7:4 25:17 29:5	12:12 14:10
specifically 20:20	7:16 28:12	31:13 32:12	usually 7:6 9:15	15:23 17:8
23:7 24:16	sworn 3:2,5 31:20	times 20:5	10:5 12:3 17:8	19:13 22:1,3,4
specified 32:12	32:7	tissue 10:24	25:2,14	24:1,12 28:5
spoil 6:5	symptoms 12:14	today 22:3 28:5		32:14,15
sponsored 29:6	21:1 22:19	29:23		

David Casper, O.D., 11/17/17

we're 3:17,19 9:21 23:15 24:21,22	15 1:6,18 31:6 33:1	60601 2:5 33:7		
we've 12:16	16 12:17,22 13:12 13:18 14:6	7		
went 24:5,10 29:5	17:14 24:12	70 17:5		
West 1:18 33:1	17 1:12 31:10	727-4363 33:2,27		
WHEREOF 32:17	33:11	75 14:20		
white 8:24 12:1	17th 1:20	8		
witness 3:2,4,11 29:21 30:2	1979 29:15	8 13:14		
32:11,17	1996 29:5	80 17:5		
words 30:1	2	815 33:2,27		
work 28:1	2 2:14 12:19,21	84 14:20		
works 15:22 24:2	20/200 5:15,21 6:4	885 1:6 31:6		
workup 18:4	20/25 6:9	9		
worse 17:2	20/40 15:1,5	93 14:22		
would've 28:16	20/400 13:22			
wouldn't 12:5 13:8	20/50 15:2			
wound 20:10	20/60 14:4			
write 23:8	20/70 13:24 14:1			
wrote 5:9	2014 6:22			
	2016 4:16 6:20 7:22 11:14			
X	2017 1:12,20 5:4 12:18,22 13:3			
Y	13:15 24:12			
yeah 7:3 11:11 17:2 26:12	31:10,22 32:19 33:4,11			
year 6:19 7:18 12:10 14:13	2200 2:5 33:7			
year-olds 25:9	25 4:16 6:20 11:14			
years 9:15 10:1 23:11	28 33:4,16			
	28th 32:18			
Z	3			
0	30 23:11			
084-003032 32:23	30-2 15:15,16			
1	4			
1 2:13 4:19 14:20 14:21	4 2:13			
11:00 3:16	5			
11:12 1:19 3:17	50 14:21			
11:50 30:7	6			
12 2:14	60432 33:2			